

In the Baltimore *Sun* Mr. Henry L. Mencken says:

A defect common to all the plans so far proposed is that they are confined to employed persons and offer no aid to the unemployed. The latter are thus thrown on the free clinics, which are mainly manned by doctors who get nothing for their work.

This puts a very heavy burden on the medical profession, and there are doctors who begin to find it almost intolerable. Proposals have been made that the Federal Government offer them some remuneration, and no doubt this will be done as soon as the New Deal wizards can get around to it.

But whether the doctors will accept remains to be seen. Most of them are unalterably opposed to going on the public pay roll and so submitting their work and their fortunes to the will and whim of politicians.

Their opposition is hardly likely to be lessened by the fact that all the Communist organs have begun a violent campaign against them, denouncing them as sharks and scoundrels. Or by the fact that the New Deal has now joined in.

A newspaper columnist, named Jay Franklin, who has repeatedly attacked the American Medical Association since he first appeared on the newspaper horizon and who endeavors to identify the editor of *THE JOURNAL* as personally responsible for every policy of the American Medical Association, devotes most of his discussion to a further attack. It is impossible to find anything in his column sufficiently sensible to merit quotation. He writes as though authoritatively without having made the slightest apparent effort to find out the facts. In contrast, Bugs Baer, in a few succinct sentences, puts his finger squarely on the political motives involved in the attempt to make medical care the issue in future political campaigns:

The doctors don't approve of the federal health plan subject to a prescription by thirty-six states. A Democratic pharmacist deciphering a Republican doctor's diagnosis might mix in too much fillbuster and not enough relief.

Health shouldn't be subject to politics. And when we're sick we don't want the opposition voting on it.

The insurance companies are nonpartisan. They pay off like a slot machine either way.

WESTERN INSTITUTE FOR HOSPITAL ADMINISTRATORS

The Western Institute for Hospital Administrators closed a two weeks' conference on August 19 at Lagunita Court, Stanford University, California. The Institute was sponsored by the American College of Hospital Administrators, in cooperation with the Association of Western Hospitals, the Association of California Hospitals, and the Western Conference of the Catholic Hospital Association. B. W. Black, M. D., Second Vice-President of the American College of Hospital Administrators, assisted by Thomas F. Clark, Executive Secretary of the Association of Western Hospitals, and by Gerhard Hartman, Acting Executive Secretary of the American College of Hospital Administrators, was the director.

Administrators and executives from hospitals located in California, Washington, Oregon, Utah, Arizona, Idaho, Montana, British Columbia, Manitoba, and Alberta, as well as in Hawaii and China, registered for the conference. A total of sixty-seven hospitals and sanitariums were represented, some hospitals sending more than one representative.

Nationally recognized leaders participating in the Institute included Malcolm T. MacEachern, M. D., Associate Director of the American College of Surgeons; Robin C. Buerki, M. D., President-elect of the American College of Hospital Administrators, Mr. James A. Hamilton, First Vice-President of the American College of Hospital Administrators, and Benjamin W. Black, M. D., Director of Institutions, Alameda County, California.

"The conference seminars," said Doctor Black, Director, "discussed aspects of the problems facing the hospital administrator, such as nursing, food service, new building innovations, better care for babies, medical records, and use of special services such as the x-ray."

Nurses' preparation is fast becoming more thorough in order to give the scientific care which the patient needs. She helps the doctor give the patient professional service.

Always noted for her thoughtful manner and charming personality, she is now striving to better her services professionally. The use of nurse stewardesses on trains is opening an entirely new field for young women trained for the work.

In the discussions of food service, special diets and food preparations were considered. Quality, not bulk, is the need of the patient, the Institute members were told. The individual attention necessary makes food service one of the most costly items in a hospital, but it is, nevertheless, one of the most important.

If hospital buildings are to serve the patient efficiently and well, they must adopt the new innovations in building. Refrigeration, air-conditioning, lighting, and various features of architecture can do much to make the patient comfortable while he is confined to the hospital.

Medical Records.—In his address to the administrators, Doctor MacEachern pointed out that a great deal of effort has been expended in securing the medical records of patients. Many divisions of the hospital and extensive effort on the part of professional personnel have contributed to its compilation. All of this effort is wasted, unless the record is preserved in such a way that it will be not only available, but attractive for the purposes for which it was intended. When a patient is in the hospital, the record served as a guide to give treatment, and certainly contributed to his good health. After the patient is discharged the record is left in the hospital, where it is indexed and filed in order to be readily available should the patient again become ill and require hospital care. In the hands of the hospital the record remains an impersonal document, and the private aspects of its contents should never be divulged. As a document for research, the medical record fills an essential need. Its use should be restricted to physicians and other persons competent to use the facts and findings intelligently. A final use is the opportunity which it affords the governing board of the hospital to appraise the work of the medical staff.

Education.—Doctor Buerki stressed the need for additional educational preparation on the part of hospital administrators. If they are to control and supervise the personnel and facilities directed toward the education of the professions, they themselves must be prepared to meet some of the educational requirements of their own. In this connection, he stressed the work of the American College of Hospital Administrators in setting up educational standards for the preparation of persons entering the field as well as for those actively engaged in the administration. Professional and business elements must be an integral part of this training. In order to operate hospitals economically, administrators must know something about the essential elements of accounting and financial control, as well as something of the management of the physical aspects of the plant.

"Hospitals in the future," Doctor Buerki said, "will be increasingly significant as educational institutions, and their skillful management is dependent upon a sound economic basis. They will be used for the training of medical specialists and for continuing the education of physicians made necessary by the rapid strides of medical progress."

Organization and Personnel.—Another aspect of hospital management was discussed by Mr. James A. Hamilton—hospital organization and personnel. Scientific hospital organization is necessary for offering the patient the maximum of care at a minimum of cost. This organization, however, should never lose sight of the needs of individual patients. Overcomplicated procedures may cause the staff to forget that the patient is a human being with definite psychological as well as physical needs. The discipline, so necessary for efficient organization, must be carefully exercised in hospitals, because the lives of patients are involved. Authority to exercise discipline must be in competent hands.

In discussing the relations of labor to hospital organization, Mr. Hamilton urged hospital administrators to make more intelligent and personal contacts with their employees. Labor troubles are still caused by an accumulation of minor grievances rather than by major issues. Administrators must establish channels for adjustment of employee grievances that afford opportunity for expression and discussion. An enlightened approach to hospital personnel problems is needed both on the part of hospital adminis-

trators and employees if labor disturbances are to be prevented from impairing the quality of care rendered to patients. The care of the patient must always remain the paramount purpose of the hospitals.

Medical Staff.—Medical staff organization is one of the most difficult aspects of hospital management, according to Dr. B. W. Black. In order to integrate the many specialized professional services necessary for rendering adequate care to the patient, the medical staff must be so organized that sight is not lost of the objectives of the institution. It is evident that the medical organization of a small rural hospital will tend to be loose, as compared with that of a metropolitan teaching hospital. The principles or organization, however, are the same in either case. These principles concern themselves with the selection of physicians to serve on the staff, their tenure, and their rights and obligations as staff men.

"The principal objective of the endeavor," said Doctor Black, "was to formulate an educational program designed to furnish authoritative information to those actively engaged in hospital administration or to those who expect to be so engaged."

STATE COSTS ON RELIEF SET AT SEVENTEEN MILLION*

Seven state and federal relief agencies and their twenty principal subdivisions are spending \$17,500,000 monthly to care for 900,000 Californians, a survey showed today.

The relief rolls figure represents 14 per cent of the state's population, and is exclusive of such permanent public relief activities as insane asylums, orphanages, homes of correction, and prisons.

Basic of these relief agencies are the counties, which once bore the responsibility for all relief. Their obligation today is the care of unemployables—a phase of relief that existed before the depression and will continue when it is forgotten.

DAILY SUBSISTENCE

They provide daily subsistence for those who are incapacitated by reason of physical disability and mental incompetence, and hospitalization for those who are ill.

Next above them is the State Relief Administration, charged generally with the care of all needy unemployed.

In addition to direct aid to indigent families for whom there is no work relief, its principal subdivisions are relief camps to which are sent indigent single men, the self-help cooperative assistance division which aids borderline cases, and the surplus commodity distribution division.

The latter distributes food received from the Federal Surplus Commodity Corporation, and clothing made in Works Progress Administration sewing rooms.

WPA FIELDS

Next is the Federal Works Progress Administration and its eight principal subdivisions, paying a security wage to men and women certified to it by the State Relief Administration as needy employables.

Largest of its subdivisions are the construction projects for unskilled labor. Next are the women's projects.

Five of its subdivisions are described as cultural—the Federal Art Project, Federal Music Project, Federal Theater Project, American Guide and Historical Records Project—because they employ men and women trained as artists, actors, writers, and research workers.

Its principal remaining subdivision is the National Youth Administration, providing aid to college and high school students, and part-time employment for boys and girls classified as underprivileged.

A separate administration is the Civilian Conservation Corps, drawing boys from the same family classification as the NYA.

THREE CLASSES

State and Federal Governments unite in the Social Security Administration, providing three classes of relief.

Administered by the state through the counties, this agency provides old-age assistance (pensions) to aged needy, aid to dependent children, and grants to dependent blind.

The Federal Government reimburses the state for one-half of the pensions, one-third of the aid to dependent children, and one-third of the grants to blind.

Joining with the WPA and SRA in meeting the rural unemployment problem is the Farm Security Administration, engaged in three principal subdivisions of activity. Entirely federal, it attempts to settle farm families by loans and grants, it maintains camps for migratory workers, and in emergencies it provides direct relief.

PWA IS AID

Though not engaged in direct relief, the Public Works Administration, nevertheless, has a direct connection with relief agencies and is designed to reduce the unemployment problem.

It pays the prevailing wage and requires contractors building PWA projects to go first to the State Employment Service for labor, turning to the open labor market only when the Service is unable to furnish men.

The estimate of \$17,500,000 monthly relief costs, made by the SRA for August, does not include that spent by Community Chests and other relief agencies without a governmental connection.

SOCIAL SECURITY ACT COST PASSES BILLION MARK*

The first three years of the Social Security Act cost the federal treasury \$1,232,558,598 and brought in \$887,946,271 of revenue.

Roswell Magill, acting secretary of the treasury, made public today the statistics involved in operation of the law, the third anniversary of which will be Sunday, August 14.

Federal expenditures for the gigantic pension system have included \$504,204,188 for grants to the states, \$690,000,000 for investments in the old-age reserve fund, and about \$38,000,000 for administration of the law.

STATES CAUSE DEFICIT

Revenue fell far behind expenditures because amounts nearly equal to the receipts are permanently earmarked for the old-age reserve fund, leaving the state grants to be financed out of ordinary Treasury funds.

The states received \$350,590,000 for old-age assistance, \$45,819,189 for aid to dependent children, \$11,528,663 for blind pensions, \$8,538,383 for maternal and child health services, \$5,715,952 for aid to crippled children, \$2,735,562 for other child welfare services, \$19,275,077 for public health work, including venereal disease control, and \$60,001,347 for administering state unemployment compensation laws.

FORTY-SEVEN BILLION FUND

The controversial old-age reserve fund—scheduled to reach \$47,000,000,000 in 1980—was valued by the Treasury at \$1,136,463,498, but its actual investments, including reinvestment of interest receipts, amount to only \$700,300,000. The difference is an appropriation credit for which the actual cash will not be received by the fund until the old-age taxes intended to fill the fund are collected.

So far, 38,265,000 employees and 1,787,000 employers have paid in \$737,526,539 of old-age pension taxes.

USED BY TREASURY

Legally, these taxes have no connection with the fund, but actually the Treasury uses 95 per cent of the receipts for the fund and the other 5 per cent for administrative costs of the Social Security Board.

The Treasury turns little cash over to the fund. Instead, it borrows back the money it pays the fund, and puts into the fund special Treasury obligations bearing 5 per cent interest. The Social Security Act requires investment of the fund in 3 per cent government securities, which in turn are added to the federal debt.

* From the San Francisco News, August 4.

* From the San Francisco Call-Bulletin, August 12, 1938.